

Perceived quality of life, experiences of (healthcare) stigma, and viral load differences among people living with HIV in German cities and states: A community perspective based on the positive Voices 2.0 survey

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- And the many volunteers and participants

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HIV is more than the cascade

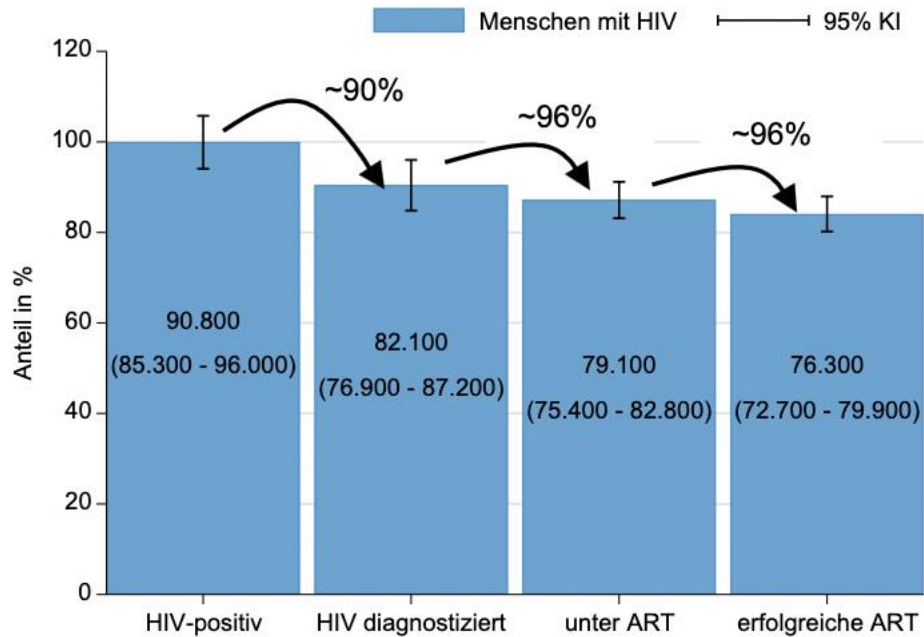


Abb. 3: Versorgungskaskade in Deutschland im Jahr 2020: Anteile der Menschen mit HIV, die diagnostiziert, behandelt und erfolgreich behandelt werden.

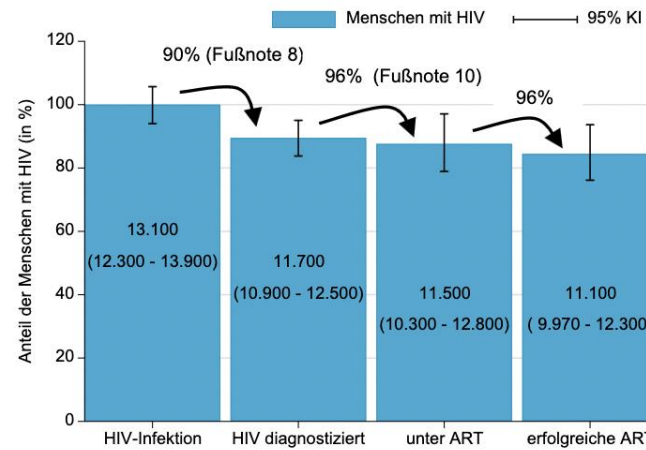


Abb. 3: Versorgungskaskade für Berlin und Brandenburg gemeinsam⁹ im Jahr 2021: Anteile der Menschen mit HIV, die diagnostiziert, behandelt und erfolgreich behandelt werden.

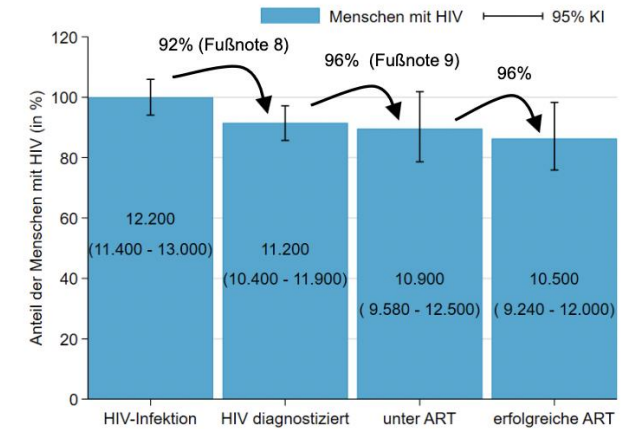


Abb. 3: Versorgungskaskade in Bayern im Jahr 2021: Anteile der Menschen mit HIV, die diagnostiziert, behandelt und erfolgreich behandelt werden.

Stigma data on a national level

Table 4 Stigma manifestations and adversarial growth as predictors of mental health and self-rated health: multiple regression models (n = 839)

	Mental health				Self-rated health			
	β	B	Std F	T	β	B	Std F	T
Experienced HIV stigma	0.192	0.146	0.024	6.058	0.215	0.048	0.008	6.219
Internalized HIV stigma	0.390	1.709	0.146	11.742	0.192	0.245	0.046	5.280
Adversarial growth	- 0.106	- 0.427	0.121	- 3.527	- 0.150	- 0.177	0.039	- 4.577

Coefficients in bold are significant at the 0.001 level. All models are adjusted for age, gender, education, sexual orientation, and time since HIV diagnosis (entered as block 1)

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ORIGINAL PAPER



Associations Between Experienced and Internalized HIV Stigma, Adversarial Growth, and Health Outcomes in a Nationwide Sample of People Aging with HIV in Germany

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Relevant indicators for well-being and mental health – registry data *and* PRIs/community perspectives

- HIV cascade data
- Stigma and discrimination
 - Friends/partners, family, professional contexts
 - Healthcare context
- Processing the seroconversion, e.g. feelings of guilt
- General self-evaluation
- Healthcare access

Historical and SEP divides

- Former East Germany (blue)
- SEP divide
- Larger surface area states
 - With high urban density e.g. NRW
 - With low urban density e.g. Lomersaxony



Main comparisons

- Eastern vs. Western German states
- SEP effect/North-South divide

- Density: Urban vs. Non-urban (less than 500k residents)
- Composite score: large surface area states with few urban areas
- Berlin effect (Berlin 17.3% of the sample vs. rest of the country)

Positive voices 2.0 – German data

- Module B – online survey, collected between June and Oct. 2020
 - Mean age 46 years
 - N = 121 female PHIV (people living with HIV)
 - N = 798 male PLHIV (84% Men who have sex with men; MSM)
 - 11% HIV age of <2 years
 - 18% HIV age of 20+ years

positive stimmen 2.0

Living with HIV, breaking down discrimination

Insights and results from a participatory research project on living with HIV in Germany

Variables assessed

- Viral load
- TasP knowledge/trust ←
- Stigma
- Feelings of guilt
- General self-evaluation
- Discrimination in Healthcare contexts/Healthcare access

Viral load

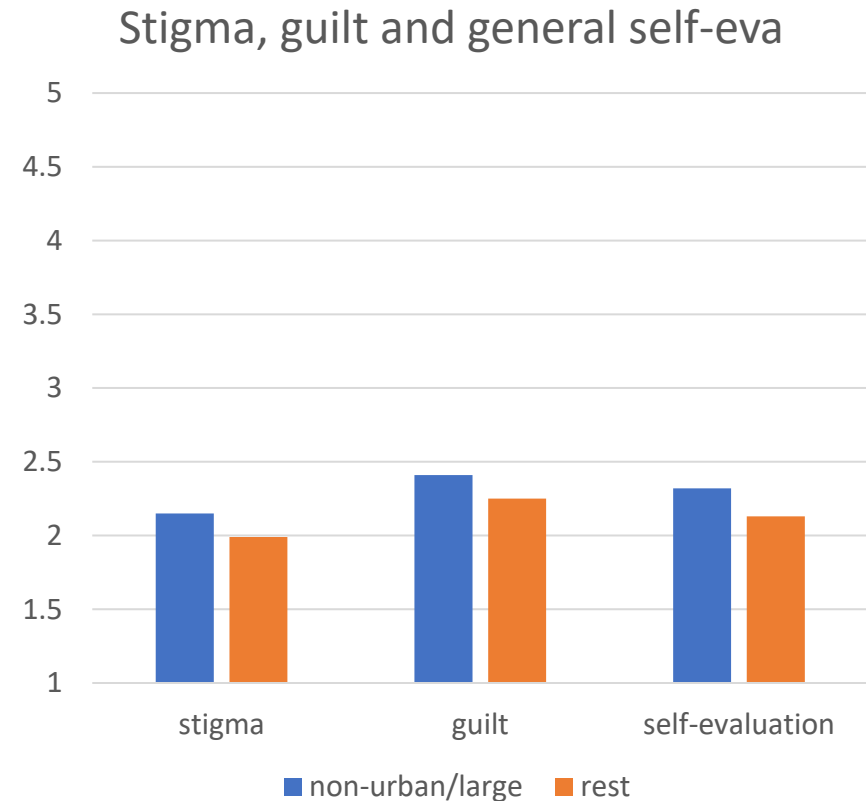
- No East-West effect
- No SEP effect
- Density effect

	under 500k	above 500k
Undetectable	418	435
Detectable	26	10
Unknown	8	3

Chi² = 9.71, *p* = .008

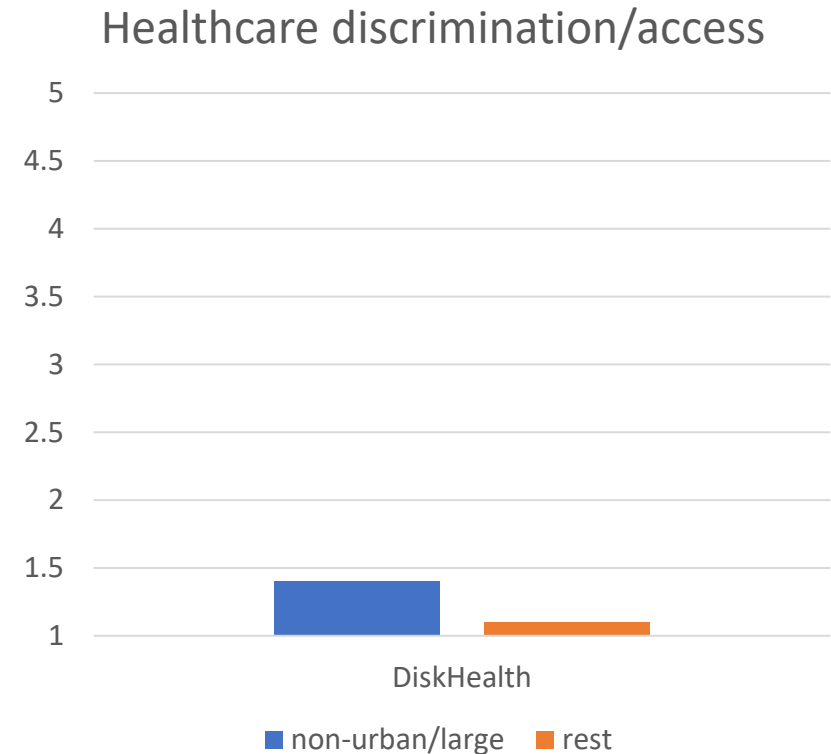
Stigma, guilt and general self evaluation

- No SEP North/South effect
- Small East-West differences
- „Berlin effect“ and composite score (non-urban/large states vs. rest) most pronounced
 $F(1,864) > 7.75$, $ps < .006$, all simple main effects $ps < .004$



Healthcare discrimination and access

- No SEP North/South effect
- Small East/West and Berlin effect
- Most pronounced for the composite score (non-urban/large states vs. rest)
 $F(1,894)=12.62, p<.001$



Summary

- We need indicators beyond cascade data
- Geo-spatial data beyond national data can inform about well-being/mental health and livelihood disparities
- For the German context:
 - Overall, very positive data
 - Large urban areas (Berlin, Cologne) score best
 - Largest disparities in non-urban areas in large surface states